

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

12025

=62-048392  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis,

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 3656 Virginia Ave.

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS 3656 Virginia Ave.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Johanna (Jane) B. Hamtil

4. DATE  
OF  
DEATH

Month

Day

Year

December 14, 1962.

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/9/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Famous-Barr Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Frank Ruzicka

13b. MOTHER'S MAIDEN NAME

Eleanore Wodicka

14. NAME OF HUSBAND OR WIFE

Jerome F. Hamtil

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jerome F. Hamtil

3656 Virginia Ave.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous generalized abdominal gts

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Carcinoma Left colon

DUE TO (c)

153.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 1962 and last saw her alive on 11-6-62  
Death occurred at 12-14-62 7:27 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

22b. ADDRESS

3656 S. Grand Blvd.

22c. DATE SIGNED

12-14-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Dec. 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

SS. Peter & Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

24. FUNERAL DIRECTOR

Gebken-Benz Mortuary

ADDRESS

2842 Meramec St.  
St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 14 1962

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE

AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Joe B. Benz*

Licensed Embalmer No. 4249

2842 Meramec St,  
P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.